

MEMORIAL GENERAL HOSPITAL  
123 Medical Center Drive, Boston, MA 02115  
Tel: (617) 555-0123 | JCAHO Accredited

## DISCHARGE SUMMARY

### PATIENT INFORMATION:

Name: James O'Malley      MRN: 147258369  
DOB: 11/08/1952 (71 years)      Gender: Male  
Admission Date: 01/22/2024      Discharge Date: 01/28/2024  
Attending Physician: Dr. Maria Rodriguez, Pulmonology  
Service: Pulmonary Medicine

### ADMITTING DIAGNOSES:

1. Severe Community-Acquired Pneumonia
2. COPD Exacerbation
3. Hypoxemic Respiratory Failure

### DISCHARGE DIAGNOSES:

1. Severe community-acquired pneumonia (J18.9)
2. Acute exacerbation of COPD (J44.1)
3. Tobacco use disorder (F17.210)
4. Hypoxemia (R09.02)

### CONSULTATIONS:

- Pulmonology: Dr. Maria Rodriguez
- Infectious Disease: Dr. Benjamin Carter
- Respiratory Therapy: Robert Chen, RRT
- Case Management: Lisa Wong, MSW

### HISTORY OF PRESENT ILLNESS:

Mr. O'Malley is a 71-year-old male with significant history of COPD (GOLD Stage 3), former 50-pack-year smoking history, and hypertension who presented with 4-day history of worsening shortness of breath, productive cough with green sputum, and fever to 101.5°F. Home medications included tiotropium and albuterol MDIs.

Patient reports increasing dyspnea over the past week with inability to complete sentences. Home O2 saturation was 84% on room air per home pulse oximeter. He was brought to ED by family where he was found to be hypoxemic with O2 saturation 86% on room air, tachypneic with respiratory rate 28, and febrile to 101.8°F. Chest X-ray showed right lower lobe consolidation.

### PAST MEDICAL HISTORY:

- COPD: Diagnosed 2010, GOLD Stage 3, on home oxygen 2L/min
- Hypertension: Diagnosed 2005

- Hyperlipidemia
- Benign prostatic hyperplasia
- Osteoarthritis

PAST SURGICAL HISTORY:

- Appendectomy: 1978
- Right total knee replacement: 2018
- Cataract surgery, bilateral: 2020

SOCIAL HISTORY:

- Widower, lives alone in two-story home
- Former construction worker (retired 2015)
- Smoking: 50 pack-year history, quit 2018
- Alcohol: 1-2 beers daily
- Family: Two daughters living locally

FAMILY HISTORY:

- Father: Lung cancer, died age 68
- Mother: Stroke, died age 75
- Brother: Coronary artery disease

ALLERGIES:

- Sulfa drugs: rash
- No known food allergies

REVIEW OF SYSTEMS:

Constitutional: Positive for fever, chills, fatigue, decreased appetite

HEENT: Denies visual changes, sore throat

Cardiac: Denies chest pain, palpitations, orthopnea

Respiratory: Positive for dyspnea, productive cough, wheezing

GI: Denies nausea, vomiting, abdominal pain

GU: Denies dysuria, hematuria

Musculoskeletal: Positive for generalized weakness

Neurological: Denies headache, syncope, focal weakness

PHYSICAL EXAMINATION ON ADMISSION:

Vitals: BP 154/88, HR 112, RR 28, Temp 101.8°F, SpO2 86% room air

General: Elderly male in moderate respiratory distress, using accessory muscles

HEENT: Normocephalic, nasal flaring present

Neck: Supple, no jugular venous distension

Cardiovascular: Tachycardic, regular rhythm, no murmurs

Lungs: Increased AP diameter, diffuse wheezing, crackles right base

Abdomen: Soft, non-tender, non-distended

Extremities: No clubbing, cyanosis, or edema

Neurological: Alert and oriented x3, no focal deficits

DIAGNOSTIC STUDIES:

Laboratory Results:

- WBC: 18,500/ $\mu$ L with 85% neutrophils
- CRP: 12.5 mg/dL (Reference: <0.8 mg/dL)
- Procalcitonin: 2.4 ng/mL (Reference: <0.1 ng/mL)

- Blood Cultures: No growth at 48 hours
- Sputum Culture: Moderate *Streptococcus pneumoniae*
- ABG on room air: pH 7.32, pCO<sub>2</sub> 48 mmHg, pO<sub>2</sub> 58 mmHg, HCO<sub>3</sub> 24 mEq/L

#### Imaging:

- Chest X-ray: Right lower lobe consolidation with air bronchograms
- CT Chest: Extensive right lower lobe consolidation, moderate emphysema

#### Pulmonary Function Tests (from 2022):

- FEV<sub>1</sub>: 45% predicted
- FEV<sub>1</sub>/FVC: 0.52
- DLCO: 55% predicted

#### HOSPITAL COURSE:

Day 1: Admitted to medical ICU due to hypoxemic respiratory failure. Started on high-flow nasal cannula at 40L/min, FiO<sub>2</sub> 50%. IV ceftriaxone 1g daily and IV azithromycin 500mg daily initiated. Bronchodilators via nebulizer every 4 hours.

Day 2: Remained febrile with persistent hypoxemia. Infectious disease consulted. Sputum culture growing *S. pneumoniae* sensitive to ceftriaxone. Oxygen requirements decreased to 4L/min via nasal cannula.

Day 3: Afebrile, respiratory status improving. Transitioned to medical floor. Continued IV antibiotics and bronchodilators. Physical therapy initiated.

Day 4-6: Gradual improvement in oxygenation and work of breathing. Advanced to oral antibiotics. Physical therapy advancing mobility. Discharge planning initiated with case management.

#### PROCEDURES PERFORMED:

1. Arterial blood gas sampling
2. Sputum culture collection
3. Blood culture collection
4. Chest radiography
5. High-flow oxygen therapy
6. Nebulizer treatments
7. Respiratory therapy monitoring

#### TREATMENT SUMMARY:

- Antibiotic therapy: IV ceftriaxone 7 days, IV azithromycin 5 days
- Bronchodilator therapy: Albuterol/ipratropium nebulizers
- Systemic corticosteroids: Methylprednisolone 40mg IV then prednisone taper
- Oxygen therapy: High-flow then conventional
- DVT prophylaxis: Enoxaparin 40mg daily
- Nutritional support: Dietitian consultation

#### RESPONSE TO TREATMENT:

- Oxygen saturation improved from 86% to 94% on room air
- Respiratory rate decreased from 28 to 18

- White blood cell count normalized to 8,200/ $\mu$ L
- Afebrile for 72 hours
- Able to ambulate 100 feet with rolling walker

DISCHARGE MEDICATIONS:

1. Amoxicillin-clavulanate 875mg twice daily for 7 days
2. Prednisone 40mg daily for 5 days, then taper
3. Tiotropium 1 inhalation daily
4. Albuterol MDI 2 puffs every 4-6 hours as needed
5. Lisinopril 10mg daily
6. Atorvastatin 40mg daily
7. Aspirin 81mg daily
8. Tamsulosin 0.4mg daily

DISCHARGE INSTRUCTIONS:

Activity: Progressive activity as tolerated, continue home exercise program

Diet: Regular diet, ensure adequate protein intake

Oxygen: Resume home oxygen at 2L/min with activity

Smoking: Absolute cessation, referred to smoking cessation program

Follow-up:

- Pulmonology: Dr. Rodriguez in 2 weeks
- Primary Care: Dr. Morris in 1 week
- Pulmonary Rehabilitation: Evaluation in 4 weeks

WARNING SIGNS:

Return to ED for: Fever  $>100.4^{\circ}\text{F}$ , worsening shortness of breath, chest pain, confusion

DISCHARGE CONDITION:

Stable for discharge home with home health services. Afebrile, vital signs stable. Oxygenating well on room air at rest.

ICD-10 CODES:

J18.9 - Pneumonia, unspecified organism

J44.1 - Chronic obstructive pulmonary disease with acute exacerbation

F17.210 - Nicotine dependence, cigarettes, uncomplicated

R09.02 - Hypoxemia

DISCHARGE DISPOSITION:

Discharged to home with home health nursing for follow-up and physical therapy. Daughter available for assistance. Home oxygen to be continued.

MARIA RODRIGUEZ, MD

Board Certified Pulmonary Disease

Massachusetts Medical License #87655

Dictated: 01/28/2024 13:20

Signed: 01/29/2024 08:45